IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael Snyder

Application No.: 10/821,745 Group No.: 1615

Filed: 04/09/2004 Examiner: Ghali, Isis AD

For: SUSTAINED RELEASE SURGICAL DEVICE AND METHOD OF MAKING AND USING

THE SAME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$60.00

CERTIFICATION OF TRANSMISSION

I hereby certify that, on the date shown below, this correspondence is being filed via PES at USPTO.GOV:

nate: 1-24-08

(type or print hame of person dertifying)

Amendment Transmittal-page 1 of 2

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(C	ol. 2)	(C	(Col. 3) SMA			SMALL	LL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE				ADDIT. FEE	
TOTAL	5	_	20	=	0	х	\$	25.00	=	\$	0.00
INDEP.	1	<u> </u>	3	=	0	X	\$	105.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$									=	\$	0.00
							AD	TOTAL DIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$60.00 to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date:

Etic M. Dobrusiń

Registration No. 33,867

Dobrusin & Thennisch PC

29 W. Lawrence Street, Ste. 210

Pontiac, MI 48342

248-292-2920

Customer No. 25215